

**AUTHORIZATION FOR EMERGENCY CARE OF  
CHILDREN WITH SEVERE ALLERGIES**

Date: \_\_\_\_\_

Dear Health Care Provider,

Your patient, \_\_\_\_\_, is enrolled in AMAZING GRACE EARLY EDUCATION CENTER and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at AMAZING GRACE EARLY EDUCATION CENTER so we may assist with the allergy care and needs of the child. If you need to provide further instructions or clarifications, please do so, on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at AMAZING GRACE EARLY EDUCATION CENTER.

**PART I (to be completed by a Licensed Health Care Provider)**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

**Known Allergens:** (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction [i.e. Anaphylactic shock] in the child.)

\_\_\_\_\_ Bee Sting

\_\_\_\_\_ Other Insect Bite(s): (identify): \_\_\_\_\_

\_\_\_\_\_ Animal(s): (identify): \_\_\_\_\_

\_\_\_\_\_ Food Allergy: (identify all foods or groups of foods that must be avoided): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other: (identify): \_\_\_\_\_

\_\_\_\_\_

**SYMPTOMS:** (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

\_\_\_\_\_ Shortness of Breath

\_\_\_\_\_ Swelling of the Face or Lips

\_\_\_\_\_ Hives

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Other: (explain): \_\_\_\_\_

**PROCEDURES:** (Please indicate all steps necessary and the order in which they should be taken.)

\_\_\_\_\_ Administer the following Medication: (provide name, dosage, and method of administration): \_\_\_\_\_

\_\_\_\_\_ Administer EPI-PEN: (provide instructions for administration)

\_\_\_\_\_ Call Emergency Medical Services (911)

\_\_\_\_\_ Call the child's parent or guardian

\_\_\_\_\_ Other (explain): \_\_\_\_\_

\_\_\_\_\_ DO NOT administer medication in the absence of KNOWN exposure to allergen

**RECREATIONAL ACTIVITIES:**

1. The child may participate in recreational activities. [ ] yes [ ] no

2. Recreational Activity Restrictions: [ ] none [ ] some restrictions

(Explain recreational activity restrictions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION:**

Office: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: (to be completed by the child's Parent(s) and/or Legal Guardian)**

**By Signing this form, I/We authorize AMAZING GRACE EARLY EDUCATION CENTER to follow the instructions contained in this Authorization for Emergency Care of Children with Severe Allergies Form. I/We agree to update this form every six (6) months or sooner if my/our child's needs change.**

**MOTHER/LEGAL GUARDIAN:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FATHER/LEGAL GUARDIAN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by AMAZING GRACE EARLY EDUCATION CENTER on (date) \_\_\_\_\_. This Form must be updated by (date) \_\_\_\_\_.

Received By: (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING  
EMERGENCY CARE TO CHILDREN WITH SEVERE ALLERGIES**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter, referred to as the "Release")

Made this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_, by and between AMAZING GRACE EARLY EDUCATION CENTER and \_\_\_\_\_  
\_\_\_\_\_ who are the Parent(s) and/or Legal Guardian(s) of \_\_\_\_\_  
\_\_\_\_\_ (child's name).

WHEREAS, AMAZING GRACE EARLY EDUCATION CENTER provides child care services and the Parent(s)/Legal Guardian(s) have engaged AMAZING GRACE EARLY EDUCATION CENTER to provide child care services for \_\_\_\_\_ (child's name);

WHEREAS, AMAZING GRACE EARLY EDUCATION CENTER has been requested by the Parent(s)/Legal Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis , as prescribed in writing on the child's "Authorization for Emergency Care of Children with Severe Allergies Form" all in accordance with and subject to AMAZING GRACE EARLY EDUCATION CENTER's policy for administering emergency treatment to children with severe allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Legal Guardian(s) hereby release and forever discharge AMAZING GRACE EARLY EDUCATION CENTER and its employees or agents from any liability arising in law or equity as a result of AMAZING GRACE EARLY EDUCATION CENTER's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Severe Allergies Form" (hereinafter referred to as the "Authorization"), provided that AMAZING GRACE EARLY EDUCATION CENTER has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of \_\_\_\_\_, which is the location of the AMAZING GRACE EARLY EDUCATION CENTER facility in which the child is enrolled, excluding its choice of law Provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional health care provider's instructions or clarifications), that is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

4. The reference in this Release to the term AMAZING GRACE EARLY EDUCATION CENTER shall include AMAZING GRACE EARLY EDUCATION CENTER its affiliates, successors, directors, officers, employees, and representatives. The terms Parent(s)/Legal Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, and successors or each.
  
5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

AMAZING GRACE EARLY EDUCATION CENTER

Agency Address: PO Box 425, 89 West Mill Street, Pedricktown, NJ 08067

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_